PTO/SB/22 (12-04)
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|--|---|--------|---------------------------------------|---------------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | | Docket Number (Options 032301.415 | al) |
| Application Numb | | | Filed April 14, 200 | 15 |
| For PULVERULENT MATERIALS | | | | |
| Art Unit 179 | 96 | | Examiner Peter F. G | odenschwager |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | | |
| | | Fee | Small Entity Fee | |
| \boxtimes | One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ <u>120</u> |
| | Two months (37 CFR 1.17(a)(2)) | \$460 | \$230 | \$ |
| | Three months (37 CFR 1.17(a)(3)) | \$1050 | \$525 | \$ |
| | Four months (37 CFR 1.17(a)(4)) | \$1640 | \$820 | \$ |
| | Five months (37 CFR 1.17(a)(5)) | \$2230 | \$1115 | \$ |
| □ Applicant claims small entity status. See 37 CFR 1.27. □ A check in the amount of the fee is enclosed. □ Payment by credit card online. □ The Director has already been authorized to charge fees in this application to a Deposit Account. □ The Director is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account Number 02-4300 . I have enclosed a duplicate copy of this sheet. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | |
| I am the | applicant/inventor. | | | |
| ☐ assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | | |
| ☑ attorney or agent of record. Registration Number 20.531 | | | | |
| attorney or agent under 37 CFR 1.34. | | | | |
| Registration number if acting under 37 CFR 1.34 July 24, 2008 | | | | |
| | Signature | - | Date | |
| Robert G. Weilacher | | | 404-815-3593 | |
| Typed or printed name Telephone Number | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | |
| ☐ Total of forms are submitted. | | | | |